Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

Keven M Willis DC
1302 South Medford Dr
Lufkin TX 75901

Respondent Name

TRAVELERS INDEMNITY CO

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-09-6514-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I felt that these fees should be paid in full due to the fact that they were properly billed and coded. There is no modifiers that are required to be present with 97110 or 97140. The -59 modifier is used with 97140 to show that is a 'distinct procedural service' than the 97110. I asked for a request of reconsideration and stated 'In reviewing the DWC and medicare [sic] billing rules, there is no modifier that is required with a 97110 or a 97140 code. Thereis [sic] a medicare [sic] policy that went into effect 1-1-2008 that requires a physical therapist to use modifiers –GO, -GN or –GP, yet these do not apply to a chiropractor billing these codes'. This request for reconsideration also resulted in a denial."

Amount in Dispute: $1,680.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Per HCPCS Coding Requirements, a copy of which is attached, these physical therapy services require a modifier. The chart included lists both the disputed CPT codes. HCPCS Coding requires the provider use one of the following three modifiers to delineate these billed services: GP, GO, or GN… …The Provider alleges the HCPCS Coding requirements do not apply to chiropractors. The Provider has submitted no documentation to substantiate that allegation. The HCPCS Coding documentation attached hereto specifically states that it applies to 'nonphysician practitioners acting within their State scope of practice'. This includes chiropractors. The only exclusions to the requirement to bill the appropriate modifiers are found on the first page of the HCPCS Coding requirements. That exclusion applies only to critical access hospitals under certain circumstances, RHCs and FQHCs which include therapy at a billed all-inclusive rate, and providers that do not furnish physical therapy services. The Provider herein does not fall into any of these categories, and therefore was required to comply with the HCPCS Coding requirements. The Carrier properly denied the billing at issue, and the denial should be upheld."

Response Submitted by: William E. Weldon, Travelers, 1501 S. Mopac Expressway, Suite A320, Austin, Texas 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 17, 2008 thru August 11, 2008	97110, 97140-59	$1,680.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated October 10, 2008, February 10, 2009
   - TXK9- 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. Reimbursement is based on Medicare coding, billing and reimbursement methodologies.
   - TO19 – 16 – Claim/service lacks information needed for adjudication. The billed procedure code requires a modifier. Please re-bill using correct modifier.

Issues

1. Did the requestor bill for the services in dispute in accordance with 28 Texas Administrative Code 134.204(b)(1)?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Tex. Admin. Code §134.203 states in pertinent part, "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health care professional shortage areas (HPSAs) and physician scarcity area (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules." The TrailBlazer Chiropractic Services Manual states, "CHIROPRACTORS BILLIING FOR PHYSICAL THERAPY Chiropractors billing for physical therapy services (CPT codes 97001-97799 and HCPCS code G0283) must bill with the appropriate modifier. GN – Services delivered under an outpatient speech-language pathology plan of care. GO – Services delivered under an outpatient occupational therapy plan of care. GP – Services delivered under an outpatient physical therapy plan of care." According to the CMS Claims Processing Manual Pub. 100-04 20 – HCPCS Coding Requirements, the disputed codes are considered "always therapy" services, regardless of who performs them. These codes always require therapy modifiers (GP, GO, GN). In dispute are CPT codes 97110, and 97140-59 billed by a Chiropractor. The disputed codes were not billed with the required modifiers.
2. The requestor is not entitled to reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Pat DeVries Medical Fee Dispute Resolution Officer	October 19, 2011 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.